

| <b>FEE TRANSMITTAL<br/>for FY 2001</b>  |                      |                           |                        | <b>Complete if Known</b>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|----------------------|---------------------------|------------------------|--|----------|--------------|----------------|--------------|--------------|----------------------|---------------------------|------------------------|------------------------|--------------------|----------------------|---------------------------|------------------------|------------------------|--------------------|----------------------|-----|-------------------------------------|------------------------|---|-----|-----|-----|---|--|--------------|-----|-----------------|----------|---------------------------|----------|----------|-------|-----|-------|---|------------------------|-----|------|-----|------|--|-----|-----|--------|-----|---------------------------------------|---|----|-----|-----|--|-----|--|-----|-----|--|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|-------------------------------------|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <i>Patent fees are subject to annual revision.</i>  |                      |                           |                        | Application Number 09/651,998  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| TOTAL AMOUNT OF PAYMENT (\$ ) 0.00  |                      |                           |                        | Filing Date August 31, 2000  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                      |                           |                        | First Named Inventor Lingyi A. Zheng   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                      |                           |                        | Examiner Name Not Known  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                      |                           |                        | Group Art Unit 2814  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                      |                           |                        | Attorney Docket No. MA65.0315/P315   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>METHOD OF PAYMENT</b>  |                      |                           |                        | <b>FEE CALCULATION (continued)</b>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:<br>Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">04-1073</span><br>Deposit Account Name <span style="border: 1px solid black; padding: 2px 40px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |                      |                           |                        | <b>3. ADDITIONAL FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Processing fee under 37 CFR 1.17(q)</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37CFR 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |          |              |                | Large Entity |              | Small Entity         |                           | Fee Description        | Fee Paid               | Fee Code           | Fee (\$)             | Fee Code                  | Fee (\$)               | 105                    | 130                | 205                  | 65  | Surcharge - late filing fee or oath |                        | 127   | 50  | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |  | 139          | 130 | 139             | 130      | Non-English specification |          | 147      | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination |                        | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840* | 113 | 1,840*                                | Requesting publication of SIR after Examiner action |    | 115 | 110 | 215  | 55  | Extension for reply within first month |     | 116 | 390  | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive - unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Processing fee under 37 CFR 1.17(q) |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37CFR 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Large Entity  |                      | Small Entity              |                        | Fee Description  | Fee Paid |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)             | Fee Code                  | Fee (\$)               |  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130                  | 205                       | 65                     | Surcharge - late filing fee or oath  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50                   | 227                       | 25                     | Surcharge - late provisional filing fee or cover sheet.  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130                  | 139                       | 130                    | Non-English specification  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520                | 147                       | 2,520                  | For filing a request for ex parte reexamination  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*                 | 112                       | 920*                   | Requesting publication of SIR prior to Examiner action   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*               | 113                       | 1,840*                 | Requesting publication of SIR after Examiner action  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110                  | 215                       | 55                     | Extension for reply within first month   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 390                  | 216                       | 195                    | Extension for reply within second month  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 890                  | 217                       | 445                    | Extension for reply within third month   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,390                | 218                       | 695                    | Extension for reply within fourth month  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,890                | 228                       | 945                    | Extension for reply within fifth month   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 310                  | 219                       | 155                    | Notice of Appeal   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 310                  | 220                       | 155                    | Filing a brief in support of an appeal   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 270                  | 221                       | 135                    | Request for oral hearing   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510                | 138                       | 1,510                  | Petition to institute a public use proceeding  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110                  | 240                       | 55                     | Petition to revive - unavoidable   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,240                | 241                       | 620                    | Petition to revive - unintentional   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,240                | 242                       | 620                    | Utility issue fee (or reissue)   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 440                  | 243                       | 220                    | Design issue fee   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 600                  | 244                       | 300                    | Plant issue fee  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130                  | 122                       | 130                    | Petitions to the Commissioner  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 50                   | 123                       | 50                     | Processing fee under 37 CFR 1.17(q)  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180                  | 126                       | 180                    | Submission of Information Disclosure Stmt  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40                   | 581                       | 40                     | Recording each patent assignment per property (times number of properties)   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 710                  | 246                       | 355                    | Filing a submission after final rejection (37 CFR 1.129(a))  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 710                  | 249                       | 355                    | For each additional invention to be examined (37CFR 1.129(b))  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 710                  | 279                       | 355                    | Request for Continued Examination (RCE)  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900                  | 169                       | 900                    | Request for expedited examination of a design application  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2.</b> <input type="checkbox"/> Payment Enclosed<br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other  |                      |                           |                        | <b>1. BASIC FILING FEE</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>   |          |              |                | Large Entity |              | Small Entity         |                           | Fee Description        | Fee Paid               | Fee Code           | Fee (\$)             | Fee Code                  | Fee (\$)               | 101                    | 710                | 201                  | 355 | Utility filing fee                  |                        | 106   | 320 | 206 | 160 | Design filing fee                                       |  | 107          | 490 | 207             | 245      | Plant filing fee          |          | 108      | 710   | 208 | 355   | Reissue filing fee                              |                        | 114 | 150  | 214 | 75   | Provisional filing fee                                 |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |                      | Small Entity              |                        | Fee Description  | Fee Paid |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)             | Fee Code                  | Fee (\$)               |  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 710                  | 201                       | 355                    | Utility filing fee   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 320                  | 206                       | 160                    | Design filing fee  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 490                  | 207                       | 245                    | Plant filing fee   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 710                  | 208                       | 355                    | Reissue filing fee   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 150                  | 214                       | 75                     | Provisional filing fee   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td><input type="text"/></td> <td>** = <input type="text"/></td> <td>x <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td>Independent Claims</td> <td><input type="text"/></td> <td>** = <input type="text"/></td> <td>x <input type="text"/></td> <td>= <input type="text"/></td> </tr> <tr> <td>Multiple Dependent</td> <td><input type="text"/></td> <td></td> <td></td> <td>= <input type="text"/></td> </tr> </tbody> </table> |                      |                           |                        |  |          | Extra Claims | Fee from below | Fee Paid     | Total Claims | <input type="text"/> | ** = <input type="text"/> | x <input type="text"/> | = <input type="text"/> | Independent Claims | <input type="text"/> | ** = <input type="text"/> | x <input type="text"/> | = <input type="text"/> | Multiple Dependent | <input type="text"/> |     |                                     | = <input type="text"/> | <b>2. EXTRA CLAIM FEES</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> |     |     |     | Large Entity  |  | Small Entity |     | Fee Description | Fee Code | Fee (\$)                  | Fee Code | Fee (\$) | 103   | 18  | 203   | 9   | Claims in excess of 20 | 102 | 80   | 202 | 40   | Independent claims in excess of 3                      | 104 | 270 | 204    | 135 | Multiple dependent claim, if not paid | 109   | 80 | 209 | 40  | ** Reissue independent claims over original patent | 110 | 18                                     | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
|   |                      | Extra Claims              | Fee from below         | Fee Paid   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | <input type="text"/> | ** = <input type="text"/> | x <input type="text"/> | = <input type="text"/>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Independent Claims  | <input type="text"/> | ** = <input type="text"/> | x <input type="text"/> | = <input type="text"/>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  | <input type="text"/> |                           |                        | = <input type="text"/>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |                      | Small Entity              |                        | Fee Description  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$)             | Fee Code                  | Fee (\$)               |  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18                   | 203                       | 9                      | Claims in excess of 20   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 80                   | 202                       | 40                     | Independent claims in excess of 3  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 270                  | 204                       | 135                    | Multiple dependent claim, if not paid  |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 80                   | 209                       | 40                     | ** Reissue independent claims over original patent   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18                   | 210                       | 9                      | ** Reissue claims in excess of 20 and over original patent   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (1)</b> (\$ ) <input type="text"/>  |                      |                           |                        | <b>SUBTOTAL (2)</b> (\$ ) <input type="text"/>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (3)</b> (\$ ) <input type="text"/>  |                      |                           |                        | <b>SUBTOTAL (3)</b> (\$ ) <input type="text"/>   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBMITTED BY</b><br>Name (print/type) Thomas J. D'Amico<br>Signature   |                      |                           |                        | <b>Complete (if applicable)</b><br>Registration No. (Attorney/Agent) 28,371<br>Telephone (202) 828-2232<br>Date February 9, 2001   |          |              |                |              |              |                      |                           |                        |                        |                    |                      |                           |                        |                        |                    |                      |     |                                     |                        |   |     |     |     |   |  |              |     |                 |          |                           |          |          |       |     |       |   |                        |     |      |     |      |  |     |     |        |     |                                       |   |    |     |     |  |     |  |     |     |  |     |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |                                     |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |     |     |     |     |   |  |

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